AFFIDAVIT OF FILING AND FINANCIAL STATEMENT ATTESTATION

NAIC Company CodeNAIC Group Code	- -		
Reporting Entity Name Domiciled in Mailing Address: Annual Statement Contact:			_
	(Name)	Telephone No.	E-mail Address
In the Matter of the Annual Finance of, 2			Ending on the day
The officers of the above identific mailing date above, a true and corresponding true and correct elec- has been sent to the National Asso- statement and the corresponding e- with the reporting entity's domesti- submitted only to the reporting ent	correct statement etronic file reflect ciation of Insuran electronic file are to state, except as	for the reporting period ing the statement for the a ce Commissioners, accord an exact and complete du to schedules, exhibits an	I stated above and that the above named reporting entity ling to their instructions. The plicate of the statement filed
Additionally, the officers of the all that they are the described office above, all of the described assets i reporting entity, free and clear fr statement, together with related ex to is a full and true statement of reporting entity as of the reporting period ended on that date, and h <i>Instructions</i> and <i>Accounting Practions</i> differ; or (2) that state rules or practices and procedures, according	rs of the said rep n the above refer- om any liens or hibits, schedules a all the assets and period stated abo ave been comple tices and Procedu- regulations require	orting entity, and that for enced statement were the claims thereon, except as and explanations therein co- liabilities and of the con- ve, and of its income and ted in accordance with the ence differences in reporting	r the reporting period stated absolute property of the said therein stated, and that the ontained, annexed or referred dition and affairs of the said deductions therefrom for the he NAIC <i>Annual Statement</i> extent that (1) state law may g not related to accounting
Signature	Signat	ure \Box	Signature
(Print Name) President	(Print N Secret	· ·	(Print Name) Treasurer
Subscribed and sworn to before me day of			Signature
	, 2		(Print Name) Witness
Notary Public My Commission Expires:			